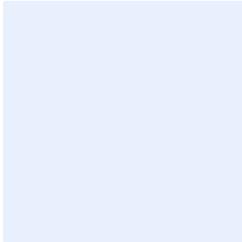


This End of Life Care Plan documents my wishes and preferences for the way I would like staff to support me as my life ends. It is to be completed with the assistance of people who know me well. This plan can be read in conjunction with my Palliative Care Plan<sup>1</sup> if I have one.

My details				
<b>Name:</b>	Enter text.	<b>CIRTS ID:</b>	Enter text.	
<b>I also like to be known as:</b>	Enter text.	<b>Date of Birth:</b>	Enter text.	
<b>Address:</b>	Enter text.	<b>Phone:</b>	Enter text.	
<b>Email:</b>	Enter text.	<b>Plan creation date:</b>	Enter text.	
<b>Authorised Decision Maker:</b>	<b>Name:</b>	Enter text.		
	<b>Address:</b>	Enter text.		
	<b>Email:</b>	Enter text.	<b>Phone:</b>	Enter text.
<b>Relationship:</b>	<input type="checkbox"/> Person Responsible <input type="checkbox"/> Appointed Guardian <input type="checkbox"/> Other: Enter text.			

<sup>1</sup> The Palliative Care Plan documents my health care requirements including pain relief and life sustaining measures and is completed with advice from my medical practitioner and or Palliative Care health professional(s).

Communicating with me about my life ending	
How do I need to be given information? (e.g. conversation / pictures / sign language / other)	Enter text.
How do I communicate my feelings or concerns? (e.g. things I will say / signs I will make / things I will do)	Enter text.
Who do I prefer to talk with about my health changing?	Enter text.
Do I have any fears or things I don't want to talk about?	Enter text.
Who else do I want to know about my health changing? (e.g. family / friends)	Enter text.
Is there someone I don't want information provided to? <input type="checkbox"/> No <input type="checkbox"/> Yes → Provide details:	Enter text.
Other communication needs:	Enter text.
My Wish List	
What things do I wish to do?	Enter text.
What events do I wish to attend?	Enter text.
What places do I wish to see?	Enter text.
What activities do I no longer wish to do?	Enter text.

<b>What people do I wish to see / catch up with?</b>	Enter text.
<b>Is there anyone I no longer wish to spend time with?</b>	Enter text.
<b>Is there anyone I wish to mend my relationship with?</b>	Enter text.
<b>What pets do I wish to see?</b>	Enter text.
<b>Other wishes:</b>	Enter text.
<b>My culture and family traditions</b>	
<b>My culture is:</b>	Enter text.
<b>I have important cultural traditions?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes → Provide details:	Enter text.
<b>I have important family traditions?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes → Provide details:	Enter text.
<b>I am an Aboriginal and / or Torres Strait Islander</b> <input type="checkbox"/> Yes <input type="checkbox"/> No → go to next section	Enter text.
<b>My people are:</b>	Enter text.
<b>My country is:</b>	Enter text.
<b>I want to visit country before I die?</b>	Enter text.

<b>I want to be on country when I die?</b>	Enter text.
<b>I want to be buried or cremated on country?</b>	Enter text.
<b>Other important information about my cultural needs:</b>	Enter text.
<b>Religion / Customs</b>	
<b>I have a religion?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No → go to next section	Enter text.
<b>My religion is:</b>	Enter text.
<b>Religious customs / practices I would like to have before death?</b>	Enter text.
<b>Religious customs / practices I would like to have after death?</b>	Enter text.
<b>My place of worship is:</b>	Enter text.
<b>My Priest / Minister / Rabbi / Imam / Bhikku / Holy man's details:</b>	Enter text.
<b>Other information:</b>	Enter text.
<b>As my life ends</b>	
<b>Where would I like to be when I die if possible?</b>	Enter text.
<b>Would I like essential oils to be diffused? What scents?</b>	Enter text.

What kind of environment do I want around me? (e.g. quiet / lively / people talking / music playing / television on)	Enter text.
What is my favourite music?	Enter text.
What are my favourite television shows / movies / video clips?	Enter text.
Who would I like to be with me if possible?	Enter text.
When I am close to death, I would like you to contact:	Enter text.
After my death, please contact:	Enter text.
<b>My death is reportable</b>	<i>Please call LWB management and the Police immediately when I die. Additionally for NDIS funded clients the NDIA and the NDIS Commission are to be notified.</i>
<b>My Funeral Service</b>	
I have a funeral plan? <input type="checkbox"/> No <input type="checkbox"/> Yes → Provide details:	Enter text.
Service to take place at:	Enter text.
Service to be formal or informal?	Enter text.
I would like the following people to take part in my funeral:	Enter text.
I would following to be read at my funeral:	Enter text.
I would like the following things to be placed in my coffin with me:	Enter text.

<b>I would like the following flowers at my service:</b>	Enter text.
<b>Instead of flowers, I would prefer people donate money to the following charity/cause:</b>	Enter text.
<b>I would like to be buried or cremated?</b>	Enter text.
<b>I would like to be buried at:</b>	Enter text.
<b>I already have a cemetery plot?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes → Provide details:	Enter text.
<b>I would like my ashes to be stored / scattered at:</b>	Enter text.
<b>I would like the place where my ashes or body is buried to be marked by a headstone or plaque?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes → Provide details:	Enter text.
<b>I would like a tree planted in memory of me?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes → Type of tree:	Enter text.
<b>Other details important to me:</b>	Enter text.
<b>My Estate</b>	
<b>I have made a Will?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes → Provide details of who to contact:	Enter text.
<b>I would like my belongings to go to:</b>	Enter text.

<b>I would like particular items to go to: (include details of item and person who should receive it)</b>	Enter text.
<b>Other:</b>	Enter text.
<b>Reflecting on my life with me</b>	
<b>The things I value most in my life:</b>	Enter text.
<b>The things that brought me great joy and happiness:</b>	Enter text.
<b>Some of the best times of my life were:</b>	Enter text.
<b>Some of the most difficult times of my life were:</b>	Enter text.
<b>Things I would like to be remembered for:</b>	Enter text.
<b>Other things I like to talk about:</b>	Enter text.

People who helped me create my End of Life Care Plan			
Connection with me:	Name:	Signature	Date:
Me (if able to sign)	Enter text.		
Family / Person Responsible	Enter text.		
Guardian	Enter text.		
Friend	Enter text.		
Clinician	Enter text.		
LWB Staff member	Enter text.		
LWB Line Manager	Enter text.		
Enter text.	Enter text.		
Enter text.	Enter text.		
Enter text.	Enter text.		

<b>LWB Staff Declaration (All staff who work with this person to sign)</b>							
I have read and understood this End of Life Care Plan and agree to implement it accordingly and as directed by my Line Manager.							
Name	Enter text.	Signature & Date		Name	Enter text.	Signature & Date	
Name	Enter text.	Signature & Date		Name	Enter text.	Signature & Date	
Name	Enter text.	Signature & Date		Name	Enter text.	Signature & Date	
Name	Enter text.	Signature & Date		Name	Enter text.	Signature & Date	
Name	Enter text.	Signature & Date		Name	Enter text.	Signature & Date	
Name	Enter text.	Signature & Date		Name	Enter text.	Signature & Date	
Name	Enter text.	Signature & Date		Name	Enter text.	Signature & Date	
Name	Enter text.	Signature & Date		Name	Enter text.	Signature & Date	
Name	Enter text.	Signature & Date		Name	Enter text.	Signature & Date	

**Upload to CIRTS as follows:** Plans & Assessments> Add New Plan> End of Life Plan >Add Attachment> SURNAME.FirstName.YYYY.MM.DD